## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**■63=031619** 

| DEP                             | ARTM             | EN T        | 0 F     | PUI       |            | C HEALTH AND WELFARE   |                                       |
|---------------------------------|------------------|-------------|---------|-----------|------------|--|---------------------------------------|
| DO NOT WRITE<br>ON THIS STUB    |                  | AMEN        | DED     |           | =          | legistration District No. Primary Registration District No. 4 D. Registrat's No. 47  | · · · · · · · · · · · · · · · · · · · |
| VS 300                          | <u>ام</u>        |             | 1       | 1         | 1          | 2. USUAL RESIDENCE (Where deceased lived. If institution a. COUNTY Carter  a. STATE MISSOURIE. COUNTY Carter   | : Residence before edmission)         |
| Rev. 4/59                       | AMENDED          |             |         |           | _          | b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  c. CITY   | Inside Limits                         |
| 100                             | ¥.               | •           |         |           |            | 100m Ellsinore 60 years 100m Ellsinore   | Yes 🏗 No 🗆                            |
| <u> 10180 </u>                  | . 💆              |             |         |           |            | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT 1 st nome  C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT 1 st nome  Year No D  | Reside on Farm                        |
| 20180                           | S<br>R<br>R<br>R |             |         |           | _          | BIISING A GOIL, DOZ.   | Yes   No 🎉                            |
| 3                               |                  |             |         |           | 3          | 3. NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type of print) James Andrew Patterson DEATH Aug. 2, 1963  | Year                                  |
| 4 0                             |                  |             |         | 1         |            | 5. SEX 6. COLOR OR RACE 7. Married Never Married 1 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEA  |                                       |
| 5 /                             |                  | 1           |         |           |            | Male White Widowed Divorced   8-5-1893   69 Miles   2775   | . I I                                 |
| 6                               | S                |             |         |           | 10         | Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Doniphan, Missouri U.S.  | F WHAT COUNTRY                        |
| 7 0                             | FOLLOW           |             |         |           | 13         | 36. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIL   |                                       |
|                                 | ᅙ                |             |         |           |            | Peter A. Patterson   Margaret A. Holland   Cora Patterso   | n                                     |
| <u> </u>                        | S.               |             |         |           | 15<br>(Ye  | 5. WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown) (If yes, give wer or dates of servi   |                                       |
| 9177X                           | ᇤ                |             |         |           | ۱ <u>.</u> | (es, no, or unknown) (If yes, give wer or dates of serving the serving of the serving the serving of the serving the serving of the serving o | NTERVAL BETWEEN                       |
| 10                              | <b>▼</b>         |             |         | ĘN.       |            | X  | ONSET AND DEATH                       |
| 11                              | RECORI<br>EAD OF |             |         | CUMEN     |            | IMMEDIATE CAUSE (A) FRANCISCO CONTROL  | 11000                                 |
| 12900                           | REC<br>EAD       |             |         | 8         |            | Conditions, if any, DUE TO (b) Carcurona of horland  | year_                                 |
| 13 /                            | THIS             |             | $\perp$ |           |            | which gave rise to above cause (a), stating the under-   |                                       |
|                                 | NO               |             |         | 11        | <br>  z    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal PART III. If deceased  | was female was                        |
|                                 |                  |             |         |           | ATIO       | disease condition given in PART I (a)  | No Unknown                            |
|                                 |                  | H           |         |           | FF         |  |                                       |
|                                 | NON I            | 11          |         |           | E          | 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART yes   NO A   |                                       |
| Z                               | AMENDMENTS       | $  \cdot  $ | ŀ       |           | DICAL      | 20c. TIME OF Hout Month, Day, Year INJURY a.m.   |                                       |
| BLACK INK<br>OR<br>RITER RIBBON |                  |             |         |           | Æ          | p.m.  20d. INJURY OCCURRED  20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY  | STATE                                 |
| <u> </u>                        |                  |             |         | 1         |            | WHILE AT WORK   farm, factory, street, office bldg., etc.)   | 12                                    |
| A S E                           | READ             |             |         |           |            | 21. I attended the decessed from 10 10 10 10 10 10 10 10 10 10 10 10 10  | 4 62                                  |
| X                               |                  |             |         |           |            | Death accurred at  |                                       |
| USE BLACK<br>OR<br>TYPEWRITER   | SHOULD           |             |         | T OF      |            | 22a. SIGNATURES (Degree or title) 22b. ADDRESS OF ROLL MA  | 22c. DATE SIGNED                      |
| -                               |                  | ╁           | +       | AFFIDAVIT | 23         | 34. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Carter Co. Misson Mt. Carmel   | uri                                   |
|                                 | ITEM NO.         |             |         | AFF       | 24         | 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE   | r — ——                                |
|                                 | =                |             |         | 益         | I _        | McSpadden Van Buren, Mo. Wad. 14-63 MM Oca H   | enson                                 |
|                                 |                  | •           | •       |           |            | (Licensed Embalmer's Statement on Reverse Side)  |                                       |

## STATEMENT BY LICENSED EMBALMER

| V Marsten  |
|--|
| ensed Embalmer No. 4543  D. Address Usar Burea, Ma |
| _  |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.